

SUMMARY OF COMMENTS AND CONCERNS **REQUEST FOR INFORMATION**

GENERAL

- Very concerned about any shift to “managed care” or models similar to DCYF’s FCCP or DHS’ CEDARR
- Networks will add a layer of bureaucracy, and will take money away from direct services.
- “Don’t do anything that will harm the great system we have today.”
- Very concerned about loss of people’s self-determination and choice of options.

SHOULD THERE BE A SEPARATE ENTITY FOR INTAKE AND ASSESSMENT?

- Roughly equally split between:
 - Separate entity (with consumers favoring this),
 - Lead Agency assuming this responsibility, and
 - DD Social Services continuing in this role
- The State should promote peer support.
- Many concerns about objectivity if these are not done by a separate entity (and equal concerns of duplication if they are)

CAN LEAD AGENCIES PROVIDE DIRECT SERVICES?

- Roughly equally split between “yes” and “no”, with consumers voting “no”

WHAT SHOULD THE RELATIONSHIP BETWEEN LEAD AGENCIES AND PROVIDER AGENCIES BE?

- There should be detailed agreements, spelling out what those relationships are.
- Lead Agencies should provide common administrative and support services:
 - Human Resources,
 - Billing,
 - Advertising,
 - Clinical (psychology, PT, OT, SHL, etc.),
 - Training, QA

HOW MANY LEAD AGENCIES SHOULD THERE BE?

- One to three, for intake, referral and assessment (consumers)
- Three to six, by county or region (providers)

CAN PROVIDERS BE IN MORE THAN ONE NETWORK?

- Overwhelmingly: "yes"
- Consumers should be allowed to join more than one network, if they choose.

WHAT SERVICES MUST ALL NETWORKS OFFER?

- Services must be comprehensive, but flexible.
- All "backroom" functions
- Referrals and eligibility
- Residential (24-hour, and non-24 residential supports)
- Day programming
- Family Supports (including respite)
- Employment
- Independent living skills
- Case management
- Service coordination (mental health, legal supports)

MUST ALL NETWORKS OFFER ALL SERVICES CURRENTLY AVAILABLE?

- Equally split: "yes"/"no"

WHAT DATA MUST NETWORKS REPORT TO THE STATE?

- Outcomes
- Consumer satisfaction
- Access to/gaps in service
- Demographics
- Service(s) requested and received, by person
- Attendance
- Cost of services, by person
- Administrative vs. direct care cost, by provider

WHAT SERVICES SHOULD BE INCLUDED IN THE PAYMENT BY THE STATE TO A LEAD AGENCY?

- Intake
- Assessment
- Referral
- Case management and triage
- Management and administrative services
- Direct care services

WHAT ARE THE ANTICIPATED OUTCOMES OF A TRANSITION TO LEAD AGENCIES AND NETWORKS?

- Cost savings and better use of resources
- Reduction in duplication of backroom functions
- Better integration of services
- Better case management

**WHAT CONSUMER OUTCOMES SHOULD BE PROTECTED AND MAINTAINED,
OR IMPROVED?**

- Access to the community and to personal relationships
- Access to services across the spectrum
- Improved intake
- Reduced wait times
- All of the outcomes defined in the ISP
- Employment skills
- Education and life skills
- Consumer rights
- Safe living environment
- Choice
- Self-determination (right to risk)
- Protection from abuse and neglect

WHAT OUTCOMES SHOULD BE REPORTED TO THE STATE?

- Numbers of people receiving each service (attendance)
- Fiscal outcomes
- Consumer satisfaction
- Outcomes related to service domains and quality of service
- Negative outcomes